

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/519606

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1				
3		2				
4		2				
5		2				
6		2				
7		2				
8		2				
9	1					
10		1				
11		2				
12		2				
13	1					
14		1				
15		2				
16		2				
17		2				
18		2				
19		2				
20	1					
21		1				
22		2				
23		2				
24	1					
25			1			
26				1		
27				1		
28				1		
29				1		
30				1		
31				1		
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41				1		
42				1		
43				1		
44			1			
45				1		
46				1		
47				1		
48			1			
49						
50						
TOTAL IND.	5		5			
TOTAL DEP.		19		19		
TOTAL CLAIMS		24		24		

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						